


# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

	1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
		INVENTOR'S NAME
		Street Address
		City, State and ZIP Code
		CO-INVENTOR'S NAME
		Street Address
		City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<u>Charles J. Metz</u> 2 _____ 3 _____

SC13339	07/28/93	07932142	DO NOT USE THIS SPACE		
SC13340	07/28/93	07932142	10-0750 130 142	1,170.00CH	
			10-0750 130 561	30.00CH	

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: <u>Recorded-11/13/89 Peel-5171 Janssen Pharmaceutica N.V.</u>	Frame-567
(2) ADDRESS: (CITY & STATE OR COUNTY) <u>Beerse, Belgium</u>	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	

A. ☐ This application is NOT assigned.  
☒ Assignment is being previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.  
**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:	
<input type="checkbox"/> Issue Fee	<input type="checkbox"/> Advanced Order - # of Copies (Minimum of 10)
6b. The following fees should be changed to:	
DEPOSIT ACCOUNT NUMBER	<u>10-750</u>
(ENCLOSED PART C)	
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> Advanced Order - # of Copies <u>10</u> (Minimum of 10)
<input type="checkbox"/> Any Deficiencies in Enclosed Fees	
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
(Signature of party in Interest of record)	(Date)
<u>20,359 Charles J. Metz</u>	<u>7/22/93</u>
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT TO PTO WITH FEE-CERTIFICATE OF MAILING ON REVERSE

### Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on

July 22, 1993  
(Date)

(Signature)

Charles J. Metz

(Typed or Printed Name)

Charles J. Metz

(Date)

7/22/93

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This form is estimated to take 20 minutes to Complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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1. CORRESPONDENCE ADDRESS

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Certificate of Mailing

12M1

AUDREY A. CIAMPORRINO, JOHN JOHNSON AND JOHN JOHNSON, PLAZA ONE JOHNSON AND JOHNSON, NEW BRUNSWICK, NJ 08933-7003

Box ISSUE FEE

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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/932.142	08/19/92	006 (Date)	BERCH, M	1202 04/27/93
First Named Applicant	JANSSEN			

TITLE OF INVENTION

NOVEL 3-ETHYL-1,2-BENZISOXAZOLES

(Typed or Printed Name)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPL. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 JAB-828	514-258.000	M54	UTILITY	NO	\$1170.00	07/27/93

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Charles J. Metz

2

3

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (Print only)

(1) NAME OF ASSIGNEE: Janssen Pharmaceutica N.V.  
(2) ADDRESS: (CITY & STATE OR COUNTRY) Beerse, Belgium  
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

6a. The following fees are enclosed:

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Issue Fee ☒ Advanced Order - # of Copies 10 (Minimum of 10)

☐ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

20,359 Charles J. Metz 7/22/93

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2. \_\_\_\_\_

3. \_\_\_\_\_

4. Charles J. Merritt

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depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.	
(S) STATE OF INCORPORATION OF ASSIGNEE (T) ADDRESS: (CITY & STATE OR COUNTRY) (U) NAME OF ASSIGNEE (V) ASSIGNMENT DATA TO BE PRINTED ON FRONT OF APPLICATION	
(W) NAME OF ASSIGNEE (X) ADDRESS: (CITY & STATE OR COUNTRY) (Y) NAME OF ASSIGNEE (Z) ADDRESS: (CITY & STATE OR COUNTRY)	
(A) NAME OF ASSIGNEE (B) ADDRESS: (CITY & STATE OR COUNTRY) (C) NAME OF ASSIGNEE (D) ADDRESS: (CITY & STATE OR COUNTRY)	
(E) NAME OF ASSIGNEE (F) ADDRESS: (CITY & STATE OR COUNTRY) (G) NAME OF ASSIGNEE (H) ADDRESS: (CITY & STATE OR COUNTRY)	
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(BA) NAME OF ASSIGNEE (BB) ADDRESS: (CITY & STATE OR COUNTRY) (BC) NAME OF ASSIGNEE (BD) ADDRESS: (CITY & STATE OR COUNTRY)	
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(BM) NAME OF ASSIGNEE (BN) ADDRESS: (CITY & STATE OR COUNTRY) (BO) NAME OF ASSIGNEE (BP) ADDRESS: (CITY & STATE OR COUNTRY)	
(BQ) NAME OF ASSIGNEE (BR) ADDRESS: (CITY & STATE OR COUNTRY) (BS) NAME OF ASSIGNEE (BT) ADDRESS: (CITY & STATE OR COUNTRY)	
(BU) NAME OF ASSIGNEE (BV) ADDRESS: (CITY & STATE OR COUNTRY) (BW) NAME OF ASSIGNEE (BX) ADDRESS: (CITY & STATE OR COUNTRY)	
(BY) NAME OF ASSIGNEE (BZ) ADDRESS: (CITY & STATE OR COUNTRY) (CA) NAME OF ASSIGNEE (CB) ADDRESS: (CITY & STATE OR COUNTRY)	
(CC) NAME OF ASSIGNEE (CD) ADDRESS: (CITY & STATE OR COUNTRY) (CE) NAME OF ASSIGNEE (CF) ADDRESS: (CITY & STATE OR COUNTRY)	
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(EW) NAME OF ASSIGNEE (EX) ADDRESS: (CITY & STATE OR COUNTRY) (EY) NAME OF ASSIGNEE (EZ) ADDRESS: (CITY & STATE OR COUNTRY)	
(FA) NAME OF ASSIGNEE (FB) ADDRESS: (CITY & STATE OR COUNTRY) (FC) NAME OF ASSIGNEE (FD) ADDRESS: (CITY & STATE OR COUNTRY)	
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(FQ) NAME OF ASSIGNEE (FR) ADDRESS: (CITY & STATE OR COUNTRY) (FS) NAME OF ASSIGNEE (FT) ADDRESS: (CITY & STATE OR COUNTRY)	
(FU) NAME OF ASSIGNEE (FV) ADDRESS: (CITY & STATE OR COUNTRY) (FW) NAME OF ASSIGNEE (FX) ADDRESS: (CITY & STATE OR COUNTRY)	
(FY) NAME OF ASSIGNEE (FZ) ADDRESS: (CITY & STATE OR COUNTRY) (GA) NAME OF ASSIGNEE (GB) ADDRESS: (CITY & STATE OR COUNTRY)	
(GC	